Table of Contents
Appendix

Report ID:	H74641.001
Report Name:	Input Eligibility Error Report
Purpose:	This report identifies segments that were not posted to CIS when they were returned to ADHS/DBHS by AHCCCS. These individuals have been successfully listed as AHCCCS behavioral health recipients. However, until ADHS/DBHS processes them correctly, the client will not be properly identified as an AHCCCS behavioral health recipient. This will exclude those encounters from the Title XIX/XXI capitation rate calculations.
AHCCCS Responsibility:	Correct the PMMIS data for the segments identified by the Office of Program Support as incorrect. The Office of Program Support will identify the AHCCCS errors and notify AHCCCS that a correction needs to be made.
T/RBHA Responsibility:	Correct and resubmit through the intake process, the records identified by ADHS/DBHS Office of Program Support. The Office of Program Support will identify the T/RBHA errors and notify the T/RBHA that a correction needs to be made.
ADHS/DBHS Responsibility:	The AHCCCS segment did not post to CIS because at least one of the demographic variables returned did not match the CIS record. Follow the corrective action steps below to resolve the discrepancies between the ADHS/DBHS and the AHCCCS data.

Corrective Action Steps:	Step 1:	Identify the discrepancies by comparing the demographic data in AHCCCS PMMIS screen RP216 against the AHCCCS/BH Enrollment data from the CIS/AHCCCS Recipient Data screen H74963.
	Step 2:	Review the Client Inquiry screen H74971 to determine whether the client has another CIS client ID. This should be done in order to determine whether the AHCCCS segment has been incorrectly posted to a duplicate CIS client ID.
	Step 3:	If a duplicate CIS client ID is found, compare the CIS duplicate client ID data and the reported AHCCCS

segment.

❑ If the data matches, then move the segment from the duplicate client ID to the correct CIS client ID in the AHCCCS Roster History screen found on the CIS/AHCCCS Recipient Data screen H74963.

❑ If the duplicate client ID has an open intake date, the data should be referred to the appropriate T/RBHA in order to process a closure.

Step 4:   Determine whether the error is in PMMIS or CIS.

Step 5:   Verify that the CIS client intake and closure dates cover the AHCCCS behavioral health segment. The AHCCCS segment must fall between the intake and closure dates.

Step 6:   *CIS Error*

If the CIS intake and closure dates cover the time period for the missing AHCCCS segment, manually post the segment to CIS.

Step 7:   *PMMIS Error*

If the CIS intake and closure dates in PMMIS do not cover the AHCCCS behavioral health segment, or if they contain a different T/RBHA ID, ADHS/DBHS will contact AHCCCS. ADHS/DBHS will prepare and send AHCCCS a request to manually correct the appropriate PMMIS data.

Step 8:   *Incorrect AHCCCS ID on CIS Intake*

If use of an invalid or secondary AHCCCS ID on the CIS intake caused the error, ADHS/DBHS will contact the T/RBHA. The T/RBHA will be asked to correct the AHCCCS ID and submit a corrected intake to ADHS/DBHS (see Chapter 2.3, T/RBHA Enrollment Process for instructions on submitting corrected intakes).

Attachment: An example of this report is attached.

CIS PROCESS DATE: 10/28/02   AHCCCS PROCESS DATE: 10/27/02

      T/RBHA: XX - T/RBHA NAME

AHCCS ID	CLIENT ID	ACUTE H. PLAN	ACTION TYPE	ACTION CODE	ENROLLMENT FROM DATE	PAYMENT TO DATE	MHS CAT	CONTR TYPE	CAPIT CODE	ERROR MESSAGE
999999999	XX99999999	010306	Z	AC	01/10/12	/ /	S	K	7100	ACTION TYPE MUST = A, C OR D
888888888	XX88888888	010299	C	AC	01/04/13	/ /	S	K	7100	HEALTH PLAN ID MUST = 079873
777777777	XX77777777	010299	C	AC	99/02/08	/ /	A	K	7000	CAP CODE 7000 MUST HAVE MHS CAT = C MENTAL HEALTH CATEGORY MUST = S, C, Z, I, G, OR D
666666666	XX66666666	010158	C	AC	01/06/11	/ /	C	K	ACAP	CAP CODE MUST = 7000, 7100, 7200, 7300, 7400 OR 76 CAPITATION CODE MUST BE NUMERIC
555555555	XX55555555	010158	C	AC	02/02/08	/ /	C	K	8000	CAP CODE MUST = 7000, 7100, 7200, 7300, 7400 OR 76
444444444	XX44444444	010533	C	AC	02/07/15	/ /	C	Z	7000	CONTRACT TYPE MUST = S OR K OR V

Report ID: H74641.002

Report Name: CIS Table Data Error Report

Purpose: The purpose of this report is to identify segments where the action being requested by the AHCCCS segment is inconsistent with what currently resides in CIS.

AHCCCS   Correct the PMMIS data for the segments identified by the Office
Responsibility: of Program Support as incorrect. The Office of Program Support will identify the AHCCCS errors and notify AHCCCS that a correction needs to be made.

T/RBHA   Correct and resubmit through the intake process, the records
Responsibility: identified by ADHS/DBHS Office of Program Support. The Office of Program Support will identify the T/RBHA errors and notify the T/RBHA that a correction needs to be made.

ADHS/DBHS   The AHCCCS segment did not post to CIS because at least one of
Responsibility: the demographic variables returned did not match the CIS record. Follow the corrective action steps below to resolve the discrepancies between the ADHS/DBHS and the AHCCCS data.

Corrective Action   Step 1:   Identify the discrepancies by comparing the
Steps: demographic data in AHCCCS PMMIS screen RP216 against the AHCCCS/BH Enrollment data from the CIS/AHCCCS Recipient Data screen H74963.

                    Step 2:   Review the Client Inquiry screen H74971 to determine whether the client has another CIS client ID. This should be done in order to determine whether the AHCCCS segment has been incorrectly posted to a duplicate CIS client ID.

                    Step 3:   If a duplicate CIS client ID is found, compare the CIS duplicate client ID data and the reported AHCCCS segment.

                              ❑ If the data matches, then move the segment from the duplicate client ID to the correct CIS client ID in the AHCCCS Roster History screen found on the CIS/AHCCCS Recipient Data screen H74963.

❑   If the duplicate client ID has an open intake date, the data should be referred to the appropriate T/RBHA in order to process a closure.

Step 4:   Determine whether the error is in PMMIS or CIS.

Step 5:   Verify that the CIS client intake and closure dates cover the AHCCCS behavioral health segment. The AHCCCS segment must fall between the intake and closure dates.

Step 6:   *CIS Error*

If the CIS intake and closure dates cover the time period for the missing AHCCCS segment, manually post the segment to CIS.

Step 7:   *PMMIS Error*

If the CIS intake and closure dates in PMMIS do not cover the AHCCCS behavioral health segment, or if they contain a different T/RBHA ID, ADHS/DBHS will contact AHCCCS. ADHS/DBHS will prepare and send AHCCCS a request to manually correct the appropriate PMMIS data.

Step 8:   *Incorrect AHCCCS ID on CIS Intake*

If use of an invalid or secondary AHCCCS ID on the CIS intake caused the error, ADHS/DBHS will contact the T/RBHA. The T/RBHA will be asked to correct the AHCCCS ID and submit a corrected intake to ADHS/DBHS (see Chapter 2.3, T/RBHA Enrollment Process for instructions on submitting corrected intakes).

Attachment: An example of this report is attached.

CIS PROCESS DATE: 10/28/02   AHCCCS PROCESS DATE: 10/27/02

          RHBA:

ROSTER RECORD

AHCCCS ID	CLIENT ID	ACUTE H. PLAN	ACTION TYPE	ACTION CODE	ENROLLMENT FROM DATE	PAYMENT TO DATE	MHS CAT	CONTR TYPE	CAPIT CODE	ERROR MESSAGE
999999999	XX99999999	010533	D	BO	00/12/18	01/08/14	C	K	7000	PRIMARY AHCCCS ID = 999999999 EXISTS ON ROSTER REC

AHCCCS ELIGIBILTY

AHCCCS ID	CLIENT ID	START DATE	END DATE	MHS CATEGORY	CONTRACT TYPE	CAPITATION CODE
888888888	XX88888888	00/12/18	01/08/14	C	K	7000

Report ID:

Report Name: Monthly Client Reconciliation Report

Purpose: This purpose of this report is to identify individuals with AHCCCS behavioral health enrollment data discrepancies between the AHCCCS system and the ADSH/DBHS system.

AHCCCS Responsibility: Correct the PMMIS data for the segments identified by the Office of Program Support as incorrect. The Office of Program Support will identify the AHCCCS errors and notify AHCCCS that a correction needs to be made.

T/RBHA Responsibility: Correct and resubmit through the intake process, the records identified by ADHS/DBHS Office of Program Support. The Office of Program Support will identify the T/RBHA errors and notify the T/RBHA that a correction needs to be made.

ADHS/DBHS Responsibility: The AHCCCS segment did not post to CIS because at least one of the demographic variables returned did not match the CIS record. Follow the corrective action steps below to resolve the discrepancies between the ADHS/DBHS and the AHCCCS data.

Corrective Action Steps:

Step 1:   Identify the discrepancies by comparing the demographic data in AHCCCS PMMIS screen RP216against the AHCCCS/BH Enrollment data from the CIS/AHCCCS Recipient Data screen H74963.

Step 2:   Review the Client Inquiry screen H74971 to determine whether the client has another CIS client ID. This should be done in order to determine whether the AHCCCS segment has been incorrectly posted to a duplicate CIS client ID.

Step 3:   If a duplicate CIS client ID is found, compare the CIS duplicate client ID data and the reported AHCCCS segment.

❑ If the data matches, then move the segment from the duplicate client ID to the correct CIS client ID in the AHCCCS Roster History screen found on the

CIS/AHCCCS Recipient Data screen H74963.

❑ If the duplicate client ID has an open intake date, the data should be referred to the appropriate T/RBHA in order to process a closure.

Step 4:   Determine whether the error is in PMMIS or CIS.

Step 5:   Verify that the CIS client intake and closure dates cover the AHCCCS behavioral health segment. The AHCCCS segment must fall between the intake and closure dates.

Step 6:   *CIS Error*

If the CIS intake and closure dates cover the time period for the missing AHCCCS segment, manually post the segment to CIS.

Step 7:   *PMMIS Error*

If the CIS intake and closure dates in PMMIS do not cover the AHCCCS behavioral health segment, or if they contain a different T/RBHA ID, ADHS/DBHS will contact AHCCCS. ADHS/DBHS will prepare and send AHCCCS a request to manually correct the appropriate PMMIS data.

Step 8:   *Incorrect AHCCCS ID on CIS Intake*

If use of an invalid or secondary AHCCCS ID on the CIS intake caused the error, ADHS/DBHS will contact the T/RBHA. The T/RBHA will be asked to correct the AHCCCS ID and submit a corrected intake to ADHS/DBHS (see Chapter 2.3, T/RBHA Enrollment Process for instructions on submitting corrected intakes).

Attachment: An example of this report is attached.

	Client ID	RBHA	AHCCCS ID	MHC	START DT	END DT
BHS:	9999999999	08	A99999999	C	20030701	20031030
AHCCCS:	**********	**	*********	*	********	********
BHS:	RB000000FO	15	999999999	S	20021201	20031019
						********
AHCCCS:	RB000000F0	15	999999999	S	20021201	20031031
BHS:	RB999999F0	23	A00000000	G	20030301	
		**				
AHCCCS:	RB999999F0	15	A00000000	G	20030301	
BHS:	0000000000	26	000000000	Z	20030515	20030930
				*		
AHCCCS:	0000000000	26	000000000	C	20030515	20030930
BHS:	8888888888	08	444444444	G	20030822	20031130
AHCCCS:	**********	**	*********	*	********	********
BHS:	**********	**	*********	*	********	********
AHCCCS:	7777777777	08	333333333	G	20030125	
BHS:	RB444444F0	23	123456789	Z	19991212	20031130
						********
AHCCCS:	RB444444F0	23	123456789	Z	19991212	
BHS:	RB333333F0	14	987654321	G	20000513	20030108
				*		
AHCCCS:	RB333333F0	14	987654321	S	20000513	20030108
BHS:	ZZ222222M0	15	222222222	G	20030923	
AHCCCS:	**********	**	*********	*	********	********
BHS:	ZZ222222M0	15	222222222	G	20030115	20030510
AHCCCS:	**********	**	*********	*	********	********

ADHS/DBHS Non-Title XIX/XXI Provider Application Form Provider Types S2 and S3 Only

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
Office of Program Support Services

Non-Title XIX Provider *Page 1 of 2*

NEW PROVIDER
APPLICATION FORM

_____/_____/_____
Application Date

PROVIDER INFORMATION	
Agency Name:	ADHS Provider Number (Will be assigned after approval by PSS) # _____
Street Address: Street: _____	City: _____ State: _____ Zip: _____ County: _____
Pay-To Address (where payments should be sent): Street: _____	City: _____ State: _____ Zip: _____ County: _____
Agency Telephone Number:	Director's Name:
Tax ID:	Social Security Number:

License (attach a copy of your license):

   License No. _____ Valid Dates: From: ___/___/___ To: ___/___/___

   License Issuing Agency: _____

RBHA(s) with which you affiliate and beginning date(s) of affiliation:

   1. _____ begin date___/___/___ 3. _____ begin date___/___/___

   2. _____ begin date___/___/___ 4. _____ begin date___/___/___

Agency Name: _____   *Application Date: _____/_____/_____*

LICENSING INFORMATION

If you are a Behavioral Health Service Agency, please attach a copy of your Behavioral Health License.

If you are a Private Practitioner, please attach a copy of your license or certification from your Board of Examiners.

In either case, be sure and send this Office a copy of each new License and/or Certificate before the previous one expires.

If you are a Prevention/Early Intervention or Domestic Violence Provider, this is not applicable to you.

SIGNATORY INFORMATION

It is understood that the ADHS Provider Number will not be assigned until the above requirements are met. By signing below, I affirm under penalty of law that the information provided on this form is true, accurate, and complete to the best of my knowledge.

_____ Signature of Provider Representative	_____ Title
_____ Printed Provider Representative Name	_____ Date
_____ Printed Provider Contact Person/Title	_____ Phone
_____ Signature of ADHS/PSS Representative/Title	_____ Date

ADHS Provider No.:

<u>ADHS/BHS/PSS New Provider Application Form</u> (2 pages)

Page 1

1. Agency Name

2. ADHS Provider Number

    This will be assigned **only after** ADHS approval of contracted services and rates. After final approval, a notification of the assigned provider number will be mailed to you at the address noted in Item 3 below with a copy to your affiliated RBHA.

3. Street Address

4. Pay-To Address (where payments should be sent)

5. Agency Telephone Number

6. Director's Name

7. Tax ID Number

8. Social Security Number

9. License (attach a copy)

10. RBHA Affiliation

    RBHA(s) with which you affiliate and beginning date(s) of affiliation.

Page 2

11. Signature *(in blue or black ink)* and Title of Provider Representative

12. Printed Provider Representative Name and Date

13. Printed Provider Contact Person and Title with Phone Number

14. Signature of ADHS/PSS Representative, Title, and Date

    This block is for Office Use Only. Completion signifies approval.

ADHS/DBHS Provider Related Actions Form

REQUEST FOR
PROVIDER RELATED ACTIONS

*This form is required for **provider related actions at ADHS**. Submit this form with the required documents to **ADHS/DBHS** **Office of Program Support Services**, 150 N. 18th Avenue, 2nd Floor, Phoenix, AZ 85007.*

A

	T/RBHA Req. Date	T/RBHA Code	T/RBHA Name	*ADHS only*	
				Date Received	ADHS Control No.
	Contact Person/Phone ( )				

B

☐ **New ADHS Number** | *ADHS only* | **New Number Assigned** |

Provider Name				Group No.	
ADHS Covered Period	**Start**		**End**	**Provider Type**	

AHCCCS No. *if Title XIX/XXI provider*

Site Address *if Title XIX/XXI provider* (this address must be <u>active</u> in AHCCCS PMMIS, screen PR015, during the covered period)

License No. *(if Title XIX/XXI provider*, this license must be <u>active</u> in AHCCCS PMMIS, screen PR020, during the covered period)

Do not attach copies of documents submitted to AHCCCS by provider.

Reason for need of a new ADHS number
- ☐ 1. new provider
- ☐ 2. relocation (move)
- ☐ 3. provider type change
- ☐ 4. ownership change
- ☐ 5. Other _____

ADHS only

Required documents attached:
- ☐ Pharmacy (03): NABP Number on pharmacy's letterhead signed by the head pharmacist

Non-Title XIX/XXI provider:
- ☐ ADHS/DBHS New Provider Application Form; *original signatures required*
- ☐ Copy of ADHS BH License or Copy of Board of Examiners' License/Certification *if required*

L *ADHS will return this request if the above information does not agree with AHCCCS data as an <u>active provider</u> during the requested covered period, and/or all required documents are not properly prepared and attached.*

C

☐ **Extension of Covered Period** (contract extension/renewal)

			ADHS only
ADHS Provider No.		Provider Type	
AHCCCS Provider No.		Provider Type	
Provider Name			
Current End Date			
New End Date			

D

☐ **Closing of ADHS Number**

			ADHS only
ADHS Provider No.		Provider Type	
AHCCCS Provider No.		Provider Type	
Provider Name			
Current End Date			
Closing Effective Date			

Reason for closing of ADHS number
- ☐ 1. contract termination
- ☐ 2. license termination
- ☐ 3. licensed services (provider type) terminated
- ☐ 4. relocation (move)
- ☐ 5. provider type change
- ☐ 6. ownership change
- ☐ 7. other _____

E

☐ **Changes or Corrections**   **L** *Attach supporting documentation.*

			ADHS only
ADHS Provider No.		Provider Type	
AHCCCS Provider No.		Provider Type	
Provider Name			
Change Effective Date			

Data to be changed/corrected:
From: _____   **To**: _____

ADHS/DBHS/PSS T/RBHAre02 (Rev. 9/1/03)

Transmittal Letter for New ADHS/DBHS Provider IDs

Arizona Department of Health Services

Division of Behavioral Health Services
Office of Program Support Services

150 N. 18th Avenue, 2nd Floor
Phoenix, Arizona 85007
(602) 364-4704
(602) 364-4736
Internet: www.hs.state.az.us/bhs

JANET NAPOLITANO, GOVERNOR
CATHERINE R. EDEN, DIRECTOR

July 23, 2004

Dear :

We have processed your provider application documents and **assigned an ADHS provider number**. If the provider information indicated here does not agree with your records, **please report the discrepancies immediately to your T/RBHA representative.**

ADHS Provider No.		
Provider Name		
Facility Location		
Provider Type	Type Code	
	Description	
License No.		
Start/End Dates		

If you have any questions, **please contact your T/RBHA representative.**

Sincerely,

Barbara Carr
Office of Program Support Services

cc:

Leadership for a Healthy Arizona